Saskatchewan
Alcohol and
Drug Abuse
Commission

A Better Way:

Helping Children Say "No" to Alcohol and Drugs

An Awareness Program for Parents and Guardians

HLTH
MAIN
HV
5824
Y68
B565
1987
c.5

SADAC

Saskatchewan Alcohol and Drug Abuse Commission

Handbook

AAB5731

HV
5824
Y68
B565
1987
c.5

Saskatchewan
Alcohol and
Drug Abuse
Commission

Chairman's Message

The **A Better Way: Helping Children Say "No" to Alcohol and Drugs** program has been developed by the Saskatchewan Alcohol and Drug Abuse Commission in response to increasing concerns about the use of alcohol and other drugs among young people.

In this program, parents have an opportunity to share information, practice techniques and develop skills for effective parenting. This program will:

- provide parents with general information about drugs and their effects, particularly on young people.
- introduce communication skills for effective parenting.
- make available information on community services and resources for further education, counselling or treatment.

Thank you for participating in the program.

Saul Cohen

Saul Cohen, M.D.
Chairman
Saskatchewan Alcohol and
Drug Abuse Commission

This program, **A Better Way: Helping Children Say "No" to Alcohol and Drugs** is funded by the Saskatchewan Alcohol and Drug Abuse Commission.

The program was developed by the Regina Plains Community College, with special acknowledgement to the efforts of Bev Huntington, Elaine McNeil, and Harriet Stanley.

Funding for the development of this program was provided by the Saskatchewan Alcohol and Drug Abuse Commission and Saskatchewan Education.

This material is protected. It may not be reproduced without permission from the Saskatchewan Alcohol and Drug Abuse Commission.

SADAC. **A Better Way: Helping Children Say "No" To Alcohol and Drugs. Handbook**. First edition. Regina: Saskatchewan Alcohol and Drug Abuse Commission, 1987.

Table of Contents

The Challenge 1

Drug and Alcohol Information 2

Alcohol and Other Drugs Cause Special Problems for Children 3

Signs and Symptoms 4

Getting Help 4

Stages of Chemical Dependency in Youth 5

Prevention: Helping Children Say "No" 6

Influences: Messages Our Children Get From Information and Experience 7

We Are Family 9

Parent Self-Evaluation 10

True or False Quiz 11

Television and The Family 12

Peers 13

Developing Healthy Self-Esteem 14

Family Activity: Self-Esteem 15

Keeping In Touch 16

Talking to Kids About Drugs 16

Communication Skills 17

Listening 18

Exploring Alternatives and I-Messages 19

Natural and Logical Consequences 20

The Family Meeting 22

Community Resources 23

A Prevention Plan for our Family 24

Bibliography 25

The Handbook is distributed to participants in the **A Better Way: Helping Children Say "No" To Alcohol and Drugs. An awareness program for parents and guardians.**

Materials in this handbook supplement program information and provide parents with take home exercises. Participants may use it to record ideas and impressions formed during group discussion.

The Challenge

Being a parent is one of the most important and challenging jobs we have. It takes a lot of hard work, time and patience. There always seems to be something new to test us.

As our children approach adolescence, one of the major issues facing us, and them, is that of alcohol and other drug use. Working together with our communities and schools, we can help children make healthy decisions that can prevent problems.

What Are We Facing: A Saskatchewan Survey*

In March, 1987, SADAC released the results of a survey on attitudes and behaviors about alcohol and drug use. The results reinforce the need to reduce both alcohol and other drug use among youth. Survey results do not suggest alcohol or drug use has dramatically increased in recent years. However, use is widespread and often begins at an early age.

	Teenagers (12-18 years)	Young Adults (19-24 years)
Alcohol (within last year)		
Abstainers	34%	12%
Drinkers	66%	88%
Drink at least weekly	25%	55%
Drink to excess once a week	5%	8%
Cannabis (within last year)		
Users	14%	22%
Non-users	86%	78%

***Source: SADAC. Alcohol, Drugs, and Youth: A Saskatchewan Survey. Fall, 1986.** Regina: Saskatchewan Alcohol and Drug Abuse Commission, March, 1987.

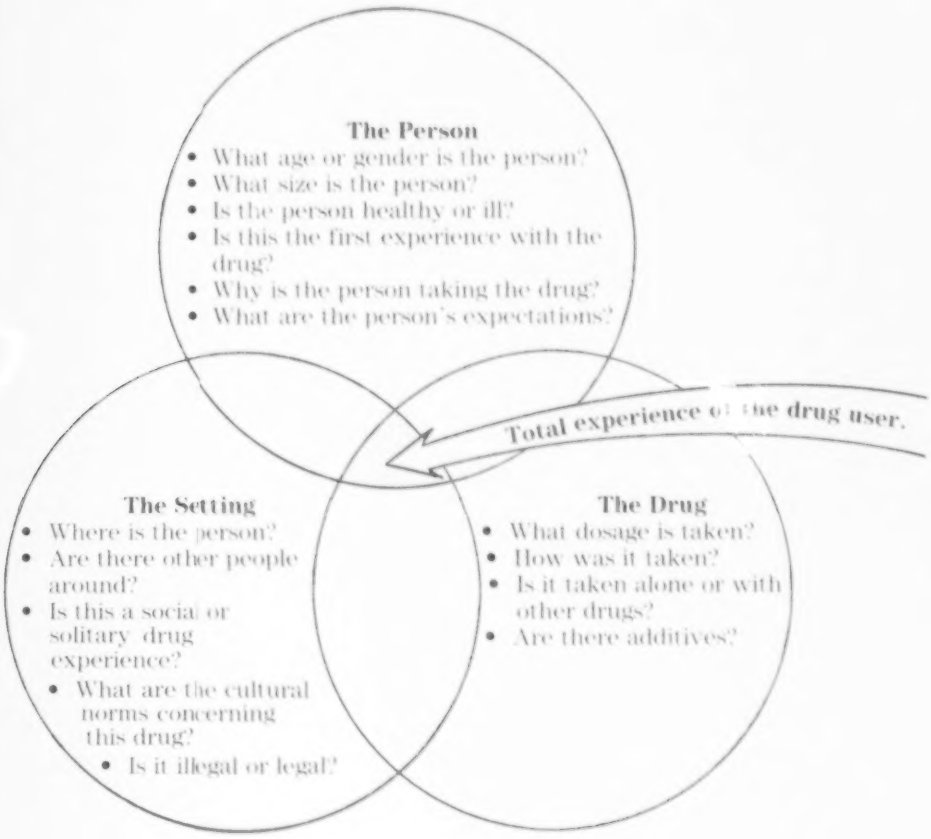
Drug and Alcohol Information

Parents need accurate alcohol and other drug information. Being knowledgeable about drugs gives us credibility when we talk with our children. It helps children gain respect and trust for us.

A drug is any substance other than food that changes the way the mind or body functions.

The Effects Of Drugs

Because we are all individuals, the total drug experience for each of us will be different. The main factors in the total effect are the person, the drug and the setting.


The Person
• What age or gender is the person?
• What size is the person?
• Is the person healthy or ill?
• Is this the first experience with the drug?
• Why is the person taking the drug?
• What are the person's expectations?
Total experience of the drug user.
The Setting
• Where is the person?
• Are there other people around?
• Is this a social or solitary drug experience?
• What are the cultural norms concerning this drug?
• Is it illegal or legal?
The Drug
• What dosage is taken?
• How was it taken?
• Is it taken alone or with other drugs?
• Are there additives?

Adapted from: Golinoski, Darlene. **Kids and Drugs: Prevention Education For Parents**. Winnipeg: Alcoholism Foundation of Manitoba, 1984.

Alcohol and Other Drugs Cause Special Problems for Children

Our children are at a very vulnerable stage of their lives. Their bodies and minds are developing and growing. Alcohol and other drugs can cause permanent damage and seriously impair their development.

Growing Bodies:
- damage to lungs, liver, brain cells, reproductive organs
- injuries while intoxicated

Growing Minds:
- isolation
- confusion
- loss of memory
- inability to concentrate
- distorted perceptions of reality

Growing People
- emotional immaturity
- loss of friends
- missed stages of development
- family problems
- suicide or accidental death

Signs and Symptoms

Our children cope with many problems and decisions while they are growing up. The following signs and symptoms may indicate they are having problems. But symptoms are not proof. And if there is a problem, it may not be with alcohol or other drugs. If you are worried, talk calmly with your child and provide an opportunity for discussion.

Problems at School
- sudden drop in grades
- in trouble with teachers
- skipping out
- defiance of authority

Trouble With The Law
- vandalism or stealing
- fighting
- loitering

Loss of Interest in Hobbies, Sports or Activities
- withdrawn
- loner
- doesn't "follow through"
- difficulty with attention span

Changes in Friends
- withdraws from old friends
- says little aboout new friends or what they do together
- callers hang up when parents answer the phone
- friends don't stay around when adults are present

Changes in Behavior and Routine
- keeping strange hours
- breaking curfew and sneaking in
- lying and denying
- extreme misbehavior for attention
- excessive swearing
- doesn't like to be touched
- very secretive

Getting Help

If you discover that your child has a problem with drugs, there are people in your community who can help you. Talking with the family doctor, clergy, a school counsellor or an addiction or mental health worker can be helpful. Self-help groups such as Alcoholics Anonymous (A.A.), Alateen, Al-Anon, Families Anonymous or Parents Resource Institute for Drug Education (P.R.I.D.E.) can be found in your telephone book. For more information on S.A.D.A.C. services in your area, refer to the SADAC Services Directory at the back of your handbook.

Stages of Chemical Dependency In Youth

	DRUG USE	REASONS	CONSEQUENCES
STAGE 1 Experimentation	Adolescent begins by using beer, marijuana or wine. Use is limited to once or twice a week, often on weekends.	Because of peer pressure For experimentation To rebel Out of curiosity	Minimal consequences a. occasional hangover b. rationalize use
STAGE 2 Regular Use/ Occasional Abuse	Drug use frequency increases. Drugs of choice are still beer, marijuana and wine. Drugs are used regularly on weekends and occasionally during the week. Activities begin to centre around drug use. Occasional use of stronger forms, e.g. hashish or hard liquor. Experimentation with more exotic types of drugs.	Because most of their friends use drugs To avoid boredom Because adult role models use in a similar fashion	Social contacts change (often begin associating with older kids and more regular users). Family life is affected. School becomes less important. Begins being careless about curfews, personal responsibilities, rules.
STAGE 3 Regular Abuse	Use becomes sophisticated. Adolescent begins using stronger drugs on a more regular basis. Drug use becomes the norm around which other activities must revolve. Adolescent develops a reputation as a user and occasionally deals in minor transactions.	Because drug use becomes a lifestyle preference To avoid a variety of uncomfortable feelings To avoid basic responsibilities and expectations To avoid family conflicts and involvement (which have become extremely stressful due to progressive use)	School performance/ attendance drops. Family involvement further deteriorates. Legal problems become likely. Values deteriorate (lying & stealing become acceptable). Social network includes adults involved in usage and trafficking.
STAGE 4 Chemical Dependency	Drug use becomes a daily preoccupation. Extreme intoxication becomes common. Adolescent develops a reputation as a drug user. Adolescent likely to become involved in sophisticated buying and selling transactions. Previously unthinkable methods of drug use (injecting narcotics become possible).	To meet an acute chemical dependency need To feel normal To be able to function To forget To avoid pain (both physical and psychological)	Physical problems: a. loss of weight. b. blackouts (occasional amnesia) c. physical ailments d. frequent sickness Unable to control usage. Guilt/self-hate increases. Illegal activity becomes possible: robberies, burglaries, prostitution. School is discontinued or severely impaired. Avoids family involvement. Frequent association with other users.

Adapted from Johnson Institute and University of Minnesota.

Prevention: Helping Children Say "No"

Prevention is not a new concept to parents. We are always trying to prevent problems for our children by protecting them from falls when they are little, planning for their education and recreation activities, seeing that they are well fed and properly dressed and so on. We can help prevent alcohol and other drug problems for our children by promoting a healthy lifestyle, communicating clearly and openly with our children, providing positive role models and becoming aware of the influences and pressures in our children's lives.

1. Learn to Really Listen. Children are more likely to communicate when they receive positive verbal and nonverbal cues that show you are listening.

2. Talk about Alcohol and Drugs. You can help change mistaken ideas children may have obtained from peers and the media, such as "everybody drinks".

3. Help Children Feel Good About Themselves. Self-esteem is enhanced when you praise efforts, as well as accomplishments, and when you correct by criticizing the action rather than the child.

4. Help Develop Strong Values. A strong value system can give children the courage to make decisions based on facts rather than pressure from friends.

5. Be A Good Example. Your habits and attitudes about alcohol and drugs can strongly influence children's perceptions.

6. Help Deal With Peer Pressure. Children often need support to say "no" to negative peer pressure.

7. Set Standards That Help Say "No". Have definite rules about alcohol and drug use and the consequences of breaking those rules.

8. Encourage Healthy, Creative Activities. Hobbies, school events, and other activities help prevent children from experimenting with alcohol, tobacco or other drugs, out of boredom.

9. Team Up With Others. Working together, you can take steps to reinforce the guidance provided at home, at school, at play.

10. Be Aware. Learn to recognize the signs of drug abuse or experimentation and know where to get help.

Source: Basic content acknowledgement to the N.I.A.A.A.

Influences: Messages Our Children Get From Information and Experience

Children get messages about alcohol and drug use from many sources in the world around them. An important part of prevention is becoming aware of these influences and helping our children learn to evaluate information.

The following MESSAGES CHART provides space for you to fill in ideas and information that may result from group discussions during the workshop. You may wish to use these notes later when completing your family's PREVENTION PLAN — a plan of decisions and actions for your family in an effort to prevent alcohol and other drug problems.

Messages Chart

	Messages my child gets	Messages I want my child to get	Prevention Plan
MEDIA			
FAMILY			
PEERS			

Messages Chart

	Messages my child gets	Messages I want my child to get	Prevention Plan
SELF-ESTEEM			
INADEQUATE LIFE SKILLS			
ALIENATION			
DRUG IS AVAILABLE & SOCIALLY ACCEPTABLE			

We Are Family

Strong family relationships provide the support children need as they learn to cope with increasing independence.

Families Provide. . .
Love
Friendship
Values
Standards
Self-Confidence
Guidance . . .
And a safe place to grow up in.

Family Activity

It is never too early for children to learn how to evaluate information they are getting and to look at it critically.

One way to encourage this is to discuss newspaper articles or ads in magazines with your child. Some questions include:

- Are they trying to sell something?
- Is this a reliable source of information?
- What are the people doing in this picture and what has this got to do with the product?
- Are they promising something?
- Do I believe this article? Why or why not?

Another possibility is to debate an issue with your child. Each of you may research your viewpoint and find information that supports your stand.

Or, you may want to pick a topic and research it together. This could involve finding out about community resources and using the library.

Family Activity: Parent Self-Evaluation

Children model their behavior on how we act, not what we say. It is important to take a few moments to think about our own attitudes and behaviors.

Consider these questions:

1. In your house is it considered funny or sophisticated to get drunk?
2. When people come to visit do you pressure them to have an alcoholic drink?
3. Are important celebrations or events always marked by drinking?
4. Do you try different ways of coping with minor aches and pains rather than taking something for them? Are your children aware of these alternatives?
5. Do you smoke cigarettes? How many a day?
6. Do you drink a lot of coffee? Do you just have to have that first cup in the morning before doing anything else?
7. Do you regularly take a sleeping pill or something to wake you up?
8. Have your children ever seen you drunk?
9. Do you smoke marijuana? How often?
10. Do you handle drugs and alcohol in a way that you would not want your children to?

Now, think of some ideas, habits or behaviors that your child has already picked up from you. Try to think of 3 positive and 3 negative.

_____	_____
_____	_____
_____	_____

Family Activity: Quiz

This is a True or False quiz to test your basic knowledge about alcohol and drugs. You can use it with the whole family to initiate discussion. Some of the questions are more suitable for younger children and may be answered in general discussion. Older children will probably be able to understand all of the questions.

____ 1. Coffee is a drug.

____ 2. Aspirin is a safe drug.

____ 3. Alcohol is the number one drug problem in Canada.

____ 4. Once someone is hooked on drugs they always will be.

____ 5. Kids won't drink if their parents don't.

____ 6. Drugs that your doctor prescribes are not always safe.

____ 7. Lots of coffee and a cold shower will sober someone up.

____ 8. Alcoholics are bums who live on skid row.

____ 9. Alcohol is a stimulant.

____ 10. It doesn't hurt to combine drugs.

____ 11. The worst drug problems are because of poor quality illegal drugs.

____ 12. People with drug problems only hurt themselves.

____ 13. Alcoholics drink every day.

____ 14. Some drugs are OK to take during pregnancy.

1. T. Caffeine in coffee is a stimulant. This drug affects the nervous system and the brain. 2. F. Aspirin, like any drug can be dangerous if it's used improperly or by the wrong person. 3. T. Many more people have problems because of alcohol than heroin or any other drug. 4. F. People can get treatment to change their behavior even if they've been addicted for a long time. 5. F. Children are influenced by peers and society as well as by their parents. 6. T. If the drug is not used properly or if it's mixed with another drug like alcohol, it can be dangerous. 7. F. Until the alcohol leaves the body, the person will not be sober. Nothing else works. 8. F. The vast majority of alcoholics are ordinary people with jobs and families but who have problems with alcohol. 9. F. It is a depressant. 10. F. It can be very harmful because we don't know what effects it may have. Many overdose deaths occur because drugs have been combined. 11. F. Many of the worst drug problems involve alcohol, tranquillizers, and sleeping pills — all legal drugs. 12. F. Sometimes they hurt their families, friends, and other drivers on the highway. 13. F. Sometimes they only drink on weekends or once in a while. But when they start drinking, they can't control it. 14. F. Any drug can be dangerous, especially during the first months of the pregnancy.

Television and The Family

Our children generally watch a lot of television. Many of us feel that they watch too much television.

If you wonder what messages they are getting about alcohol and other drugs, try this exercise.

> Watch with your children and note all of the ads for alcohol or drugs. Make a note of the messages. At the same time, count how many times a character in the show has a drink, offers a drink, refers to drinking in the past, smokes or takes something for nerves or pain. Don't forget coffee, supplements or the relief for upset stomachs.

There are ways to monitor television watching if you feel that it is a problem in your home. Some suggestions are:

- Have everyone plan their viewing by looking through the television guide at the beginning of the week and selecting programs. Once this is agreed upon, there shouldn't be any reason for simply turning on the set for something to do.

- Compile a selection of alternatives. Perhaps a board game or jigsaw puzzle. Take the camera and go on a discovery walk where everyone takes a picture. Have a family meeting to brain-storm other ideas.

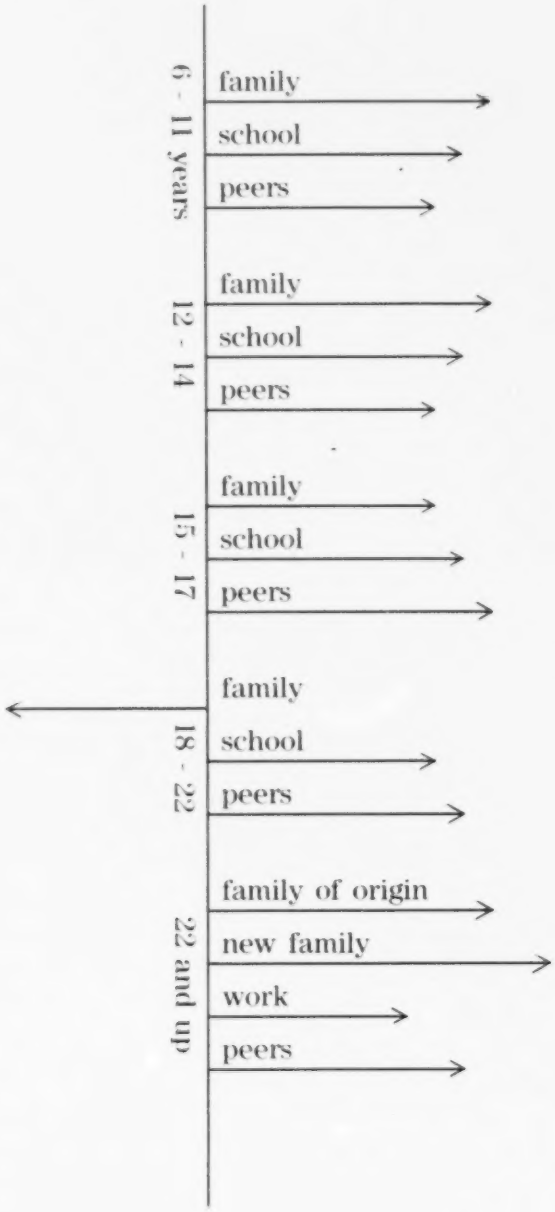
- Set specific guidelines about what has to be done before the set is turned on — e.g. homework, chores, etc.

- Watch with your children and discuss what you're viewing. Ask questions. Challenge ideas. Make comments about what you think is going on.

Above all, take control of the television set. It is a powerful medium but you can always pull the plug!

Peers

At some point in our children's lives, peers will be the strongest influence in their decision-making. As indicated in the chart below, influences change during a person's life. We can help our children make healthy decisions for themselves by equipping them with the skills to say "no" to peer pressure without risking the loss of friends.



Adapted from: **Manual For Trainers of Parents, Youths and Substances: Creating a Prevention Climate.** Developed and tested by the Parent/Family Project of Gryphon Place/KACAC, Kalamazoo, Michigan and SAPE, Marshall, Michigan.

Developing Healthy Self-Esteem

For our children to make good decisions and look after their well being, it is important that they feel good about themselves. Nuturing healthy self-esteem in ourselves and our children is essential to promoting a healthy lifestyle and preventing alcohol and drug problems.

Our children get messages from us every day. Some of the messages are not intentional. Do you remember saying something like this during the last week:

"Don't you ever think?"

"What's wrong with you? Can't you do a simple chore?"

"What a slob!"

"Don't be so stupid!"

"Oh, let me do this . . . (sigh)."

These are all messages that our children hear and take in.

We can also give our children positive messages that help them develop high self-esteem. It can be a simple smile or pat on the back or . . .

"Nice job!"

"I like how you did that!"

"Thanks."

Practice Saying Something Positive Every Chance You Get:

- when they do something for the first time
- when they do something right
- when you like how they look, how they act, what they say, who they are
- when you want them to know that you love them

Family Activity: Self-Esteem

There are many everyday things a parent can do to nurture high self-esteem in children. The following is a list of suggestions:

- Give each child some one-to-one attention every day.
- Keep a photo album or scrapbook of each child.
- Make a cassette or video recording of each child.
- Read with your child.
- At the dinner table, have each person tell of one good thing that happened in their day.
- Practice giving compliments to each other.
- Each person takes a turn completing the sentence:
  - One time I felt really happy was . . .
  - I used to be afraid of . . .
  - Something I am grateful for . . .
  - The thing I like best in a friend is . . .

- At a family meeting have each person:
  - Talk about 10 good things about me are . . . or things I do well are . . .
  - Choose one may to be good to yourself tomorrow and do it!
  - Set one goal for the month and write it down. Put it away for 30 days then read it again. See how you do.
  - Set a family goal (weed the garden) and a family reward (movie).
- On birthdays and special occasions put a bag or large envelope on the person's bedroom door. Everyone puts compliments and "things I like about you" statements in the bag. Read them out during the celebration.

Keeping in Touch

Healthy family relationships based on mutual understanding and respect are the most powerful prevention tools we have. Good communication between parents and children is an essential part of these relationships.

Establishing open and honest communications with our children at an early age provides us with a foundation on which to base discussion and problem solving techniques as they grow older. Children who feel confident in their relationship with their parents are encouraged to discuss their problems and decisions before a situation gets out of hand.

If a problem should arise, families have a better chance of dealing with it effectively and at an early stage if there is good communication between the children and parents.

Talking To Kids About Drugs

Some parents worry that children should be a certain age before talking to them about alcohol and other drugs. Parents don't want to "give them ideas" or scare them. But we already know that children are getting messages about drugs from the world around them. And we know that we want to become involved in their drug education.

Talk with young children about drugs

- why medicines are taken under the direction of a doctor
- why cleaning supplies and solvents are put away safely
- why we walk away from smelly car fumes
- why we ask people not to smoke in our home or car
- why Mom or Dad has a glass of wine when the children have milk
- why we sit in the non-smoking section of a restaurant

As children mature, their discussion needs will often be clear because of the questions they ask and the stories they tell. Watch for:

- the drunk on television who gets a lot of laughs
- the tone of voice telling you about the kids who were caught smoking behind the school
- the interest in news stories about overdoses, fetal alcohol syndrome, glue sniffing, etc.
- the movie star or rock hero they "love"

As they approach adolescence, children may ask fewer questions but you can be sure that they are getting lots of information. At this time it is important that you know what they are learning and thinking about. You will have been discussing drugs with your children comfortably for some time and you will have established a good foundation for further talks. Your children will know what you think and what you expect of them.

Talk with your children about drugs now so that they will talk with you about drugs tomorrow.

Communication Skills

This section provides a summary of the communication skills discussed during the workshops. There is also space for your notes and observations during the group exercises. If you want further information on these parenting skills, please refer to the bibliography at the end of this handbook. You may also wish to contact your local Community College about courses offered in your area.

Listening

1. Communication begins by listening and indicating you hear the child's feelings and meanings.
2. Effective listening involves establishing eye contact and posture which clearly indicate you are listening.
3. Avoid nagging, criticizing, threatening, lecturing, probing and ridiculing.
4. Treat your children the way you treat your best friend.
5. Mutual respect involves accepting the child's feelings.
6. Reflective listening involves hearing the child's feelings and meanings and stating this so the child feels understood. It provides a mirror for the child to see himself or herself clearly.
7. Learn to give open responses that accurately state what the other person feels and means.
8. Avoid closed responses which ignore the child's feelings, relaying that we have not heard or understood.
9. Let the child learn. Resist the impulse to impose your solutions.

My Prevention Plan

My usual responses to my children are:

Responses that I want to change are:

I will work toward these changes by doing the following:

Exploring Alternatives and "I- Messages"

Help your child to explore alternative solutions:

- use reflective listening to understand and clarify feelings
- explore alternatives by brainstorming ideas
- assist in choosing a solution
- discuss "what might happen"
- obtain a commitment
- set a time or date to discuss and evaluate

Decide who owns the problem.

Communicate your feelings with "I - Messages". "I - Messages" tell others how their behavior interferes with you and how it makes you feel. Report your feelings without blaming others.

Use "I - Messages" to explain positive feelings as well as negative feelings.

Remember an "I - Message" stated in anger is really a "You - Message".

Communicate confidence in your child through words, gestures and tone of voice.

My Prevention Plan

Specific areas where I can use the exploration of alternatives are:

Natural and Logical Consequences

- Natural and logical consequences allow children to make decisions and to be responsible for their own behavior.
- **Natural consequences** are those which permit children to learn from the natural order of the physical world — for example, that not eating is followed by hunger.
- **Logical consequences** are those which permit children to learn from the reality of the social order — for example, children who do not get up on time may be late for school and have to make up work.
- Talk less; act more.
- When you do things for your children that they can do for themselves, you are robbing them of self-respect and responsibility.
- As mutual respect is established and the relationship improves, you may not have to use consequences as frequently.
- Because the natural consequences of drinking and driving are so serious, the logical consequences can be equally serious.
- Each family has to determine consequences that are suitable for their beliefs, standards and situation.
- Establishing logical consequences and allowing natural consequences for other kinds of misbehavior is a factor in preventing drug related problems.

Logical Consequences in 3 Easy Steps

1. Provide choices and accept the child's decision. Use a friendly tone of voice.
2. As you follow through with a consequence, assure children that they may try again later.
3. If the misbehavior is repeated, extend the time that must elapse before the child tries again.

My Prevention Plan

Problem areas in the family where I can encourage improvement in responsibility and behavior through natural and logical consequences are:

Problem Areas	Possible Consequences

The Family Meeting

Family relationships can be strengthened when all members of the family have an opportunity to share in decision-making. Family meetings can be a good time to plan fun events and holidays, to discuss chores and commitments, to share good and bad times.

Guidelines For Family Meetings

- Treat all members as equal. Let everyone be heard.
- Use reflective listening and "I - Messages" to encourage members to express their feelings and beliefs clearly.
- Encourage members by recognizing the good things happening in the family.
- Remember to plan for family fun and recreation.
- Record plans and decisions made. Post the record as a reminder.

Pitfalls To Avoid

- Meeting only to handle crises, skipping meetings, changing meeting times.
- Dealing with symptoms (such as bickering and quarreling) instead of reasons for the behavior.
- Focusing on complaints and criticisms.
- Limiting the meetings to job distribution and discipline.
- Failing to put agreements into action.

Notes:

Community Resources

List below resources available in the community that can provide support for your family:

EDUCATION

COUNSELLING

TREATMENT

HEALTHY ALTERNATIVES

A Prevention Plan For Our Family

Prevention planning is making a plan aimed at preventing problems with alcohol and other drugs.

The information and skills you have learned in this course will help you develop a prevention plan for your family's needs and goals.

Bibliography

Preventing Alcohol and Other Drug Abuse

Cretcher, Dorothy. **Steering Clear: Helping Your Child Through The High-Risk Drug Years.** Minneapolis, MN.: Winston Press Inc., 1982.

Delaine, John K. **Who's Raising The Family? A Workbook For Parents and Children.** Madison, WI.: Wisconsin Clearinghouse, 1981.

Family Activity Book. Preventing Drug Abuse Through Family Interaction. Roberts & Associates, 1982. Developed under contract from Washington State Department of Social and Health Services, Bureau of Alcohol and Substance Abuse.

Golinoski, Darlene and Valarie Paape. **Kids and Drugs: Prevention Education For Parents.** Winnipeg: Alcoholism Foundation of Manitoba, 1984.

Manatt, Marsha. **Parents Peers and Pot II. Parents In Action.** Rockville, MD.: National Institute on Drug Abuse, 1983.

Manual For Trainers of Parents, Youth and Substances: Creating a Prevention Climate — developed by the Parent Family Project of Gryphon Place KACAC, 1104 S. Westnedge Avenue, Kalamazoo, Mich. 49008 and Region 12, SAPE. Calhoun Intermediate School Dist., 17111G. Drive N. Marshall, Mich. 49068.

Panzica, Norman. **Your Teens and Drugs: A Parent's Handbook On Drug Abuse.** Toronto: McGraw-Hill Ryerson Ltd., 1983.

SADAC. **Alcohol, Drugs and Youth: A Saskatchewan Survey. Fall, 1986.** Regina: Saskatchewan Alcohol and Drug Abuse Commission, March, 1987.

Parenting Skills

Azerrad, Jacob. **Anyone Can Have A Happy Child.** New York: M. Evans and Co., 1980.

Bombeck, Erma. **Motherhood: The Second Oldest Profession.** New York: McGraw Hill, 1983.

Clarke, Jean Illsley. **Self-Esteem: A Family Affair.** Minneapolis, MN: Winston Press, 1978.

Dinkmeyer, Don and Gary D. McKay. **Systematic Training For Effective Parenting (STEP).** Minnesota: American Guidance Services Inc., 1976.

Driekurs, Rudolf. **Children: The Challenge.** New York: Hawthorn Books, 1964.

Farel, Anita. **Early Adolescence: What Parents Need To Know.** Carrboro, NC.: Centre For Early Adolescence, 1982.

Health and Welfare Canada. **The Hole In The Fence.** Ottawa: Health and Welfare Canada, 1975.

Holt, John. **How Children Fail.** New York: Dell Publishing, 1964.

MacKintosh, Prudence. **Thundering Sneakers.** New York: Doubleday and Co., 1981.

McDaniel, Sandy and Peggy Bielen. **Project Self-Esteem: A Parent Involvement Program for Elementary Age Children.** Rolling Hills Estates, CA.: B.L. Winch and Associates, 1986.

McIntyre, Roger. **Losing Control of Your Teenager.** Amherst, MA.: Human Resource Development Press, Inc., 1985.

Minden, Harold. **Two Hugs For Survival.** Toronto: McClelland and Stewart, 1983.

Scott, Sharon. **PPR: Peer Pressure Reversal.** Amherst, MA.: Human Resource Development Press, Inc., 1985.

10 Steps to Help Your Pre-Teen Say "No". Rockville, MD.: National Institute on Alcohol Abuse and Alcoholism, 1986.

Saskatchewan Health Resource Centre
3 2880 000 173 135